

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PA	70591	9/28
O.I.P.E. CLASSIFIER		21	10/6/00
FORMALITY REVIEW	CM	71632	11-1-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 □ ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	1-15-01
2	✓	✓	1-15-01
3	✓	✓	1-15-01
4	✓	✓	1-15-01
5	✓	✓	1-15-01
6	✓	✓	1-15-01
7	✓	✓	1-15-01
8	✓	✓	1-15-01
9	✓	✓	1-15-01
10	✓	✓	1-15-01
11	✓	✓	1-15-01
12	✓	✓	1-15-01
13	✓	✓	1-15-01
14	✓	✓	1-15-01
15	✓	✓	1-15-01
16	✓	✓	1-15-01
17	✓	✓	1-15-01
18	✓	✓	1-15-01
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25	✓	✓	1-15-01
26	✓	✓	1-15-01
27	✓	✓	1-15-01
28	✓	✓	1-15-01
29	✓	✓	1-15-01
30	✓	✓	1-15-01
31	✓	✓	1-15-01

Claim	Final	Original	Date
32	✓	✓	1-15-01
33	✓	✓	1-15-01
34	✓	✓	1-15-01
35	✓	✓	1-15-01
36	✓	✓	1-15-01
37	✓	✓	1-15-01
38	✓	✓	1-15-01
39	✓	✓	1-15-01
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42	✓	✓	1-15-01
43	✓	✓	1-15-01
44	✓	✓	1-15-01
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46	✓	✓	1-15-01
47	✓	✓	1-15-01
48	✓	✓	1-15-01
49	✓	✓	1-15-01
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51	✓	✓	1-15-01
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96	✓	✓	1-15-01
97	✓	✓	1-15-01
98	✓	✓	1-15-01
99	✓	✓	1-15-01
100	✓	✓	1-15-01

Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions  
 staple additional sheet here

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